

Homeowner 2008 Assistance Claim (for income received in 2007) 9000H

STEP 1**Name and address**

Place
label here,
type, or print

Your first name		Initial	Last name	
Spouse's/RDP's first name		Initial	Last name	
Address (including number and street, PO Box, or PMB no.)				Apt. no.
City, town, or post office			State	ZIP Code

STEP 2**Social security number (SSN)**

Your SSN		Your Spouse's/RDP's SSN	
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IMPORTANT:
Your SSN
is required.

STEP 3**Filing status**

- Are you a United States citizen? Check "Yes" or "No"** ● 1. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- Benefit Eligibility for Noncitizens** ● 2a.
If you are not a citizen of the United States, go to page 10. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 10 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. (MM/DD/YYYY) ● 2b. ● 2c.

Alien Status Code	
Alien Registration Number	
Date of Entry	
- Check the appropriate box if you were **one** of the following on December 31, 2007:
 - ☐ A. 62 years or older (See page 5, line 3A) ● A ☐
 - ☐ B. Under 62 years and blind. ● B ☐
 - ☐ C. Under 62 years and disabled (not blind) ● C ☐

If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.
- Enter your date of birth** (example: 0 5 / 2 1 / 1 9 4 5) ● 4.
You must enter your date of birth MM DD YYYY
See instructions on page 5 and page 6 to see if you must attach a proof document to your claim.

Date of Birth	
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STEP 4**Property information from 2007/2008 tax bill**

- Did you own and live in your home on December 31, 2007?** 5. ☐ YES ☐ NO
If "NO," STOP. You do **not** qualify for homeowner assistance. Complete form FTB 9000R, if you are a qualified renter.
 a. **Enter the NET value of your property.** ☐ ● 5a. \$ _____
See page 6
- Is your property used for rental and/or business as well as personal use?** ☐ 6. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 6. ► 6a. _____ %
- List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill.**
See page 7.

Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Enter your percentage of ownership ► 7. _____ %

STEP 5
Yearly
(Monthly)
income of
household
members

On line 8 through line 13 below, enter your household income for the 2007 calendar year. Include the income of your spouse/RDP and certain other household members. See instructions for other household members on page 7 and page 8.

(Dollars)

8. Social Security and/or Railroad Retirement 8.
9. Interest, Dividends, and/or Gain or (Loss) 9.
10. Pensions, Annuities, and IRA distributions 10.
11. SSI/SSP, (Gold Check). See page 7 11.
12. Rental and Business Income or (Loss). See page 7 12.
13. Other Income (including wages, spouse's/RDP's income). See page 7 13.
14. Subtotal. Add line 8 through line 13. 14.
15. Adjustments to Yearly Income. See page 8 15.
(If you do not have any adjustments to income, enter zero and go to line 16.)
16. TOTAL YEARLY HOUSEHOLD INCOME IN 2007.
Subtract line 15 from line 14. • 16.
If line 16 is more than \$44,096, STOP. You do not qualify.
17. Do you receive Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC)?

Monthly		Yearly	
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00

☐ YES ☐ NO

STEP 6
Homeowner
assistance
claimed

You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.

18. Homeowner assistance claimed. (Optional)
(Cannot exceed \$472.60). See page 17 ■ 18.

Reminder

If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement.)

STEP 7
Signature,
date, and
telephone
number

Caution: To avoid delay of your check, be sure to provide all required information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete. By signing this claim, I authorize the Franchise Tax Board to mail any assistance to which I am entitled, pursuant to this claim, to the address listed in step one.

Print Name _____

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number • () _____

**Paid
Preparer's
Use Only**

PREPARER'S SIGNATURE ►	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ►			FEIN
			TELEPHONE ()

Do not write in this space

Do not write in this space

L	D	I	A	R	RES